



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

REQUEST FOR CERTIFICATION LETTER

COMPLETE ALL INFORMATION REQUESTED BELOW AND SUBMIT TO:
State of Connecticut Insurance Department — Licensing Division
PO Box 816
Hartford, CT 06142-0816
Phone: (860) 297-3845

Enclose \$13.00 check for each Certification Letter, payable to "Treasurer, State of Connecticut" (include licensee's Federal Tax ID number [SSN or FEIN] and license number on check).

CT LICENSE #: _____

NAME OF LICENSEE: _____

SSN or FEIN: _____

☐ Certification Letter: # of copies requested _____ @ \$13.00 each = \$ _____ (enclosed)

☐ Clearance Letter: # of copies requested _____ @ \$13.00 each = \$ _____ (enclosed)

Requesting a Clearance Letter will cancel your Connecticut license and all company appointments. Per CGS 38a-702g, if you obtain a license in your new home state within 30 days and contact the Connecticut Insurance Department, we will reinstate your license as a non-resident with no application or fee required.

SEND TO: _____

Signed: _____ Date Signed _____

(print name) _____

Contact Phone Number _____ Email Address _____